

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY  
MEPS-HC One-Day Overview Data Users' Workshop  
Rockville, Maryland  
August 19, 2002

**REGISTRATION FORM**  
Please Print

Name: \_\_\_\_\_  
Formal—including degrees: (for printed participant list)

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_

Please indicate any special requirements (e.g., accommodation for impaired mobility, sign interpreter):

**Registration:**

Registrations will be accepted on a first come, first served basis with a maximum of 50 participants. The Registration Fee is **\$50 for the one-day overview of the Medical Expenditure Panel Survey Household Component (MEPS-HC)**. Payment must be in the form of a credit card or check. If your payment is by check, please make payable to **Social & Scientific Systems, Inc.** and send to the attention of **Diana Brown**. Your check must be received before you are considered a participant and officially registered for the workshop. Company checks should reference the MEPS Workshop and workshop date (August 19, 2002) and include the registrant name. Acceptance notification will be via e-mail. No refund will be made after **Friday, August 9, 2002**.

PLEASE CHECK ONE ✓:

I have included a personal check or money order \_\_\_\_\_

I have provided information for credit card payment \_\_\_\_\_

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CREDIT CARD COMPANY: \_\_\_\_\_ AMOUNT CHARGED: \$ \_\_\_\_\_  
(Visa, MasterCard)

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME PRINTED (as it appears on credit card): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please mail or fax this form for receipt by **Thursday, August 1, 2002** to:

Ms. Diana Brown  
Social & Scientific Systems, Inc.  
8757 Georgia Avenue, 12<sup>th</sup> Floor  
Silver Spring, MD 20910  
Phone: 301-628-3118  
FAX: 301-628-3101, E-mail: [dbrown@s-3.com](mailto:dbrown@s-3.com)

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Name: \_\_\_\_\_

(One-day MEPS-HC Workshop, continued)

We want to have the appropriate staff available for your questions. Please describe, in some detail, your analytic interests in using MEPS data:

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